

2900 Apalachee Parkway Tallahassee, Florida 32399-0500 www.flhsmv.gov

Renewal Instructions For Military Personnel and Dependents Temporarily Assigned Outside of Florida

We have received your request to renew your Florida driver license while out of state/country. Florida Statutes require each customer applying for a renewal meet certain requirements before re-issuance of a license. Military personnel and members of their immediate family residing with them (spouse, son, daughter, step-children) are exempt from re-examination while serving on active duty outside of Florida. You must complete the enclosed military application/affidavit certifying active duty status in the U. S. Armed Forces, stationed outside of Florida and provide a copy of the member's current military orders.

The military application/affidavit is attached and must be completed and returned along with the renewal fee and current military orders. If you are a CDL holder, you must also complete the Self-Certification form and mail a copy of your medical card if applicable. If you hold a CDL and are <u>driving for the military only</u>, you can certify in category B and no medical card is required. If you need to certify in category A or C, then you will need to provide a copy of your medical card. If you no longer need a CDL or certified category A or C and do not have your medical card, then you can request to downgrade to a Class E license by indicating below in item #4.

If your name has changed and you would like it to be updated on your Florida driver license, please send us a certified copy of your marriage certificate, divorce decree or court order showing your name change. Please understand that if we change your name on your license, that we cannot change the signature that appears on your license. Therefore, you will receive a license with your updated name change, but your previous signature.

- 1. Complete and sign the Military Application/Affidavit before a commanding officer or his/her representative, who in turn will sign and indicate their rank. You must also provide a copy of your current military orders.
- 2. CDL holders complete the Self-Certification Form and include a copy of your medical card (if applicable).
- 3. Mail the completed Application/Affidavit, military orders, <u>renewal fee</u> (listed below), and Self-Certification form/medical card as applicable to:

Division of Motorist Services 2900 Apalachee Pkwy, MS 92 Tallahassee, FL 32399-0500

Renewal Fees: Please be sure to include the applicable renewal fee in the form of a check or money order, payable to the Division of Motorist Services. (No Cash)	
\$	\$48 Class E Renewal FeePlease downgrade my CDL to Class E license (\$48 Renewal Fee
\$	\$75 CDL (Commercial DL - Class A, B, or C) Renewal Fee (include self certification form)
\$	\$7 fee for each endorsement on license - If you also have a Motorcycle Endorsement and/or CDL
Endorse	ement(s), you must include an additional \$7 fee for each endorsement.
NOTE:	We cannot renew a "H" Hazardous Material endorsement by mail. You must appear in person to renew
a CDL a	nd keep the hazmat endorsement. However, you can still renew the CDL by mail and drop the hazmat

endorsement.



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Military Personnel and Dependents Driver License Renewal Application/Affidavit

Military personnel and members of their immediate family residing with them are exempt from renewal re-examination and delinquent fees. Please complete the military affidavit below certifying active duty status in the U.S. Armed Forces and current assignment outside of Florida. This application/affidavit must be signed under oath before your Commanding Officer, his/her representative or a military official who is authorized to administer oaths. Middle Name Last Name Country/State of Birth First Name Date of Birth Driver License Number Email Address/Phone Number Residential Address - this will appear on the license - Please Print (If you have a Commercial license, the residential address must be in Florida) Street City State Zip Code Mailing Address if different from residential address - Please Print Zip Code Street City State I hereby request renewal of my Florida driver license, due to active duty military assignment outside of the State of Florida. I have checked and certify to the statements below which are applicable to me. ☐ I am a member of the Armed Forces of the United States, stationed outside the State of Florida. (Military Orders Enclosed) ☐ I entered the Military Services of the United States on____ ☐ I reside with and I am a member of the immediate family (spouse, son, daughter, step-child) of______, who is in the U.S. Armed Forced (and has been continuously since, __). (Military Orders Enclosed) Month Day Year ☐ I do swear or affirm that I do not have in my possession nor under my control a valid driver license issued in ☐ I do swear or affirm that my driving privilege is not under revocation, suspension or cancellation in any other The following must be signed under oath before your Commanding Officer, his/her representative or a military official who is authorized to administer oaths. Under Penalty of Perjury, do you swear or affirm that the information given by you in this application is true and correct? Customer's Signature: Sworn to and subscribed before me this day of_ , A.D. 20

Rank

Military Authorization/Organization

HSMV 73032 (A) Rev 04/13

Signature

FLORIDA CDL DRIVER'S STATEMENT OF MEDICAL CERTIFICATION REQUIREMENT

All CDL holders must declare for the record whether their commercial motor vehicle (CMV) operation is in a category that requires medical certification. To be eligible for a CDL, drivers must operate or expect to operate a vehicle requiring a CDL in one of the four categories of interstate or intrastate commerce listed below. Drivers whose CMV operation is in a category requiring medical certification must show proof of valid medical certification to be issued a CDL or to retain a CDL after the previously issued medical certificate has expired. Drivers self-certifying in a category exempt from medical certification requirements (B or D) and later changing to a non-exempt type of operation (A or C), must recertify in the appropriate category and provide proof of valid medical certification to avoid potential enforcement actions. 1. Check the category below that describes your present or anticipated CMV operation. (A) Non-excepted interstate. I operate or expect to operate in interstate commerce and am required to maintain federal medical certification. Interstate commerce means driving a CMV transporting goods or passengers across state borders, or driving a CMV for any portion of a direct shipment into or out of the state, even though that driver may not personally drive across a border. All CDL drivers may self-certify in Category A so long as they maintain valid medical certifications. Drivers presently operating in interstate commerce and not excepted from federal medical certification (Category B) must self-certify in category A. (B) Excepted interstate. I operate or expect to operate in interstate commerce, but engage exclusively in operations that qualify me for exception from the requirement to maintain medical certification. You may self-certify in this category if you operate CMVs in interstate commerce under the following circumstances: (1) Driving for the military or other federal, state, or local government agencies, excluding school buses transporting passengers; (2) Occasional transportation of personal property by individuals neither for compensation nor in the furtherance of a commercial enterprise; (3) transport of medical patients or human corpses; (4) emergency operations; (5) custom harvesting; (6) beekeeping. (C) Non-excepted intrastate. I operate or expect to operate only in intrastate commerce and am required to meet State medical certification requirements. Intrastate commerce means driving a CMV transporting goods or passengers without crossing a state border and not for any portion of a direct shipment into or out of the state. Drivers operating only in intrastate commerce are advised to consider self-certifying in the non-excepted interstate category (Category A) if eligible. Florida law requires most drivers operating in intrastate commerce, including most school bus drivers, to maintain medical certification that also meets federal requirements for interstate commerce. Drivers operating only in intrastate commerce and not eligible to self-certify in Category A include drivers under 21 years of age and drivers with certain medical conditions who do not have a federally issued medical variance. Drivers self-certifying in Category C and not eligible to self-certify in Category A will be restricted to intrastate commerce. (D) Excepted intrastate. I operate or expect to operate only in intrastate commerce but engage exclusively in operations that qualify me for exception from State medical certification requirements. You may self-certify in this category if you operate CMVs only in intrastate commerce under the following circumstances: (1) Transporting agricultural or forestry products between the farm or place of harvest and a market or first place of storage; (2) Driving CMVs owned by electric or telephone utilities within 200 miles of where the vehicle is based; (3) Operating private school busses with seating for fewer than 24 passengers; (4) Operating as a driver/salesman within 100 miles of your workplace when CMV operation is incidental to your job and on the condition you have had no traffic convictions in the past 3 years. ______ 2. If you operate CMVs in a category that requires medical certification (A or C), print the information from your current medical card as clearly as possible in the spaces below. This does not replace the need to also provide the medical card. The purpose is to help accurately transfer your medical card information to your driver record when it cannot be easily read on the card itself. ___wearing corrective lenses ___driving within an exempt intracity zone (49 CFR 391.62) ___accompanied by a Skill Performance Evaluation Certificate (SPE) __Wearing hearing aid ___Accompanied by a _____waiver exemption ___Qualified by operation of 49 CFR 391.64 (vision or diabetes) Medical Examiner's Name __MD ___Physician Assistant ___DO ___Chiropractor ___ ___Advanced Practical Nurse Medical Examiner's Phone Number Date (certificate issued) Medical Examiner's License or Certificate No. Issuing State _____ Medical Certificate Expiration Date ______ 3. If you operate CMVs in a category that requires medical certification (A or C), provide a copy of your medical card with this form. _____ 4. If you wish to receive reminders relating to your CDL by mobile phone text or email, complete the spaces _____ Email address: ___ ______ 5. Provide name and driver license number exactly as they appear on your CDL. Name: ______ Driver License Number: ______ 6. UNDER PENALTIES OF PERJURY, I DECLARE THAT THE FACTS STATED IN THE FOREGOING DOCUMENT ARE TRUE:

7. Return this completed form with a copy of your current medical certification card if required (A or C). HSMV 72992 (12/11)

_____Date: ______